

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1														
2	1														
3	1														
4	1														
5		4													
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9		12													
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14		50													
15		90													
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43		40													
44		40													
45		40													
46		30													
47	1	90													
48		90													
49															
50															
TOTAL IND.	5														
TOTAL DEP.	60														
TOTAL CLAIMS	15														
51															
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TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

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